

## Individual Long-Term Care Insurance Questionnaire

Company Name: \_\_\_\_\_

NAIC Number: \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Consumer Telephone Number: \_\_\_\_\_

*IMPORTANT: This is the number that will be published in the rate guide to allow consumers in Virginia to call for information. Please verify the accuracy of the number!*

Company Web Site: \_\_\_\_\_

### **Part I**

Please complete the following information for your **most popular long-term care product**.

*Type of Policy: (circle one)*

Nursing Home      Home Health Care      Nursing Home and Home Health Care

*Circle One:*

Tax Qualified

Non-Tax Qualified

*Payment Method: (circle one)*

Expense incurred

Indemnity

*Pre-Existing Condition Waiting Period:* \_\_\_\_\_  
*(number of months)*

*Elimination Period: (number of days)* \_\_\_\_\_

*Benefit Period: (number of years*  
*or lifetime)* \_\_\_\_\_

*Benefit Eligibility Trigger*  
*Circle One:*

Activities of Daily Living

Physician Certification

Cognitive Impairment

Other \_\_\_\_\_

*Discounts available (circle all that apply)*

Spousal (one policy only)

Spousal (each policy)

Group

Other: \_\_\_\_\_

*Daily Benefits:*  
*(\$ amount / day)*

Nursing Home

Home Health Care

\_\_\_\_\_

\_\_\_\_\_

**Part II**  
**Sample Policy Information**

Please complete the requested information for the **specified plans**.

Individual Nursing Home and Home Health Care Policy  
\$100/\$50 Daily Benefit  
0 – 20 Day Elimination Period  
Two Year Benefit Period

| Tax or Non Tax Qualified | Payment Disbursement Method | Elimination Period (in days) | Pre-Ex Waiting (in months) | Policy Form Number |
|--------------------------|-----------------------------|------------------------------|----------------------------|--------------------|
|                          |                             |                              |                            |                    |

| Purchase Age and 2005 Annual Premiums |    |    |    |    |    |    |    |    |
|---------------------------------------|----|----|----|----|----|----|----|----|
| 40                                    | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 |
|                                       |    |    |    |    |    |    |    |    |

Individual Nursing Home and Home Health Care Policy  
\$100/\$50 Daily Benefit  
30 - 60 Day Elimination Period  
Five Year Benefit Period

| Tax or Non Tax Qualified | Payment Disbursement Method | Elimination Period (in days) | Pre-Ex Waiting (in months) | Policy Form Number |
|--------------------------|-----------------------------|------------------------------|----------------------------|--------------------|
|                          |                             |                              |                            |                    |

| Purchase Age and 2005 Annual Premiums |    |    |    |    |    |    |    |    |
|---------------------------------------|----|----|----|----|----|----|----|----|
| 40                                    | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 |
|                                       |    |    |    |    |    |    |    |    |

Individual Nursing Home and Home Health Care Policy  
 \$100/\$50 Daily Benefit  
 90 - 100Day Elimination Period  
 Lifetime Benefit Period

| Tax or Non Tax Qualified | Payment Disbursement Method | Elimination Period (in days) | Pre-Ex Waiting (in months) | Policy Form Number |
|--------------------------|-----------------------------|------------------------------|----------------------------|--------------------|
|                          |                             |                              |                            |                    |

| Purchase Age and 2005 Annual Premiums |    |    |    |    |    |    |    |    |
|---------------------------------------|----|----|----|----|----|----|----|----|
| 40                                    | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 |
|                                       |    |    |    |    |    |    |    |    |

*Please return the completed questionnaire or notify the Bureau of your company's non-activity in the Virginia Individual Long-Term Care Market on or before **June 15, 2005**. Completed questionnaires, questions and/or notifications may be directed to:*

Olivia Claud  
 Outreach Coordinator  
 Life and Health Division, Bureau of Insurance  
 P.O. Box 1157  
 Richmond, VA 23218  
 FAX 804 371 9944  
 Or e-mail completed questionnaire to:  
[LTCSurvey@scc.virginia.gov](mailto:LTCSurvey@scc.virginia.gov)